



## South Dakota Board of Nursing

South Dakota Department of Health  
722 Main Street, Suite 3; Spearfish, SD 57783  
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

### Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing  
722 Main Street, Suite 3  
Spearfish, SD 57783

Name of Institution: Golden Living Center-pierre  
Address: 950 E. Park St.  
Pierre, SD 57501  
Phone Number: 605-224-8628 Fax Number: 605-224-6948  
E-mail Address of Faculty: beth.dokken@goldenliving.com

#### Select option(s) for Re-Approval:

- ☐ Request re-approval *without* changes to program coordinator, primary instructor, supplemental personnel or curriculum
1. List personnel and licensure information
  2. Complete evaluation of the curriculum
- ☒ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
  2. Complete evaluation of the curriculum
  3. Submit documentation to support requested curriculum changes

#### 1. List Personnel and Licensure Information:

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Beth Dokken RN	SD	R036469	3/3/14	<i>[Signature]</i>

- ☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history

**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Beth Dokken RN	SD	R036469	3/3/14	<i>[Signature]</i>

- ☐ If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.





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Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

2. **Complete Evaluation of the Curriculum:** Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
• Program was no less than 75 hours.		
• Provided minimum 16 hours of instruction prior to students having direct patient contact.		
• Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.		
• Provided instruction on each content area (see ARSD 44:04:18:15):		
• Basic nursing skills		
• Personal care skills		
• Mental health and social services		
• Care of cognitively impaired clients		
• Basic restorative nursing services		
• Residents' rights		
• Students did not perform any patient services until after the primary instructor found the student to be competent		
• Students only provided patient services under the supervision of a licensed nurse		
• Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).		

3. **Submit Documentation to Support Requested Curriculum Changes:**

Name of Course (if applicable): Red Cross NATP - using 2012 process

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☒ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

- ☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
- ☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
  - ☐ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
    - ☐ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
  - ☐ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
  - ☐ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
    - ☐ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
    - ☐ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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- ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
- ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
- ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
- ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

Program Coordinator Signature: Beth Dordeman

Date: 7/2/12

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received: <u>7/23/12</u>	Date Application Denied: <u>/</u>
Date Approved: <u>7/30/12</u>	Reason for Denial: <u>/</u>
Expiration Date of Approval: <u>July 2014</u>	
Board Representative: <u>SDN</u>	
Date Notice Sent to Institution: <u>SDN 7/30/12</u>	

July 2, 2011

To: South Dakota Board of Nursing

Attention: Stephanie Orth  
Nursing Program Specialist

Re: Re-approval of Nurse Aide Training Program

Red Cross Nurses Aide Training classes are conducted classroom style at a rectangular table, in a room with adequate lighting.

Supplies provided for the students include the American Red Cross Nurse Assistant Training Course-2nd Edition textbooks and skills book 'Nurse Assistant Training', notepaper and pens. The Instructor Resource Manual is also currently utilized as the primary resources for teaching the course.

Classes are held during daytime hours utilizing activities, chapter quizzes, worksheets, discussions, role-playing, and lecture materials provided by the American Red Cross. Also utilized is equipment for skills simulation, demonstration, and practice. In addition, skills check-off forms and Red Cross 'Nurse Assistant Training' videos and Red Cross 'Foundations for Caregiving Skills' videos act as an aide in providing proper training during class.

Student instructor ratio is never above 4:1 for both classroom and clinical experience.

Please feel free to contact me with any questions you may have.

Sincerely,



Beth Dokken, RN  
Director of Clinical Education  
Golden Living Center  
Pierre, SD  
605-224-8628



# Auth. Provider Agreement

- 3.2 Either party may terminate this Agreement with thirty (30) calendar days advance written notice to the other party.
- 3.3 Red Cross reserves the right to immediately terminate this Agreement if AP does not abide by the terms of this Agreement or the Policies.
- 3.4 Following termination, the parties are still obligated to follow the provisions of Sections 4, 5, 6 and 8 indefinitely.
4. Fees and Invoicing.
- 4.1 AP will use its best efforts to comply with the AP Resource Guide's preferred payment option for fees and invoices.
- 4.2 Fees are set forth on Appendix A. Red Cross will send invoices to the AP after the approval of Course Records. Red Cross will not process invoices for any amount less than five hundred dollars (\$500). Payment terms are net thirty (30) days. Red Cross reserves the right to change its fees at its sole discretion upon thirty (30) days advance notice of such fee changes. If the AP does not agree to the fee changes, it has the right to terminate the Agreement pursuant to Section 3.
- 4.3 If the Red Cross determines that any course offered by the AP and/or its Instructors is not taught in accordance with all Red Cross Policies, the AP is responsible for all costs associated with the retraining of course participants. Red Cross will determine the party, which may include, but is not limited to, the AP or any Red Cross employee, volunteer, LTP or AP, to offer the retraining in its sole discretion.
5. Notices: The contact at the AP for this Agreement is [REDACTED] (the "AP Representative"). Red Cross will deliver notices to the AP at the following mailing address [REDACTED] and the Red Cross will send invoices to the following AP billing address, if different from the mailing address, [REDACTED]. AP shall deliver notices to the Red Cross at 2602 N 12<sup>th</sup> Street, Fargo, ND 58102, ATTN: Nancy Young with an additional copy to 2025 E Street, N.W., Washington, DC 20006, ATTN: Preparedness, Health & Safety Services Department.
6. Confidentiality and Intellectual Property:
- 6.1 Except as required by applicable law or otherwise provided herein, each party shall maintain the confidentiality of all provisions of this Agreement or other confidential information, documents and materials received for the purposes of this Agreement.
- 6.2 Red Cross is the owner of various trade names, trademarks, Course Materials and other copyrighted and proprietary content ("Red Cross IP"). Subject to the terms and conditions of this Agreement, Red Cross hereby grants AP a limited and non-exclusive license to use the Red Cross IP solely in connection with the Agreement and such license may not be assigned or sub-licensed. Course Materials may be downloaded, reused or purchased; however, AP agrees not to revise, edit or create derivative works of any Course Materials or Red Cross proprietary content, in whole or in part, unless specifically approved in writing by the Red Cross. AP acknowledges and agrees that (1) the Red Cross IP is a valuable asset of Red Cross and substantial recognition and goodwill are associated with the Red Cross IP, (2) the license granted hereunder does not constitute a transfer to AP of any ownership rights in the Red Cross Marks, and (3) AP's use of the Red Cross IP shall inure solely to the benefit of Red Cross. Upon conclusion of this Agreement, any and all licenses granted to use the Red Cross IP will terminate immediately.
7. Entire Agreement, Amendments, and Assignments: Concerning the subject matter hereof, this Agreement and the Policies referenced herein constitute the entire agreement between the parties and supersedes all prior agreements and understandings between the parties. This Agreement shall not be amended, modified or assigned unless both parties agree in writing.
8. Independent Contractors: Each party shall perform its responsibilities hereunder as an independent contractor, and nothing herein shall create any association, partnership or joint venture between the parties or an employer-employee relationship. No agent, employee or servant of either party shall be, or shall be deemed to be, the employee, agent or servant of the other party, and each party shall be solely and entirely responsible for its acts and the acts of its agents, employees and servants.

The parties, acting through their duly authorized officers, have executed this Agreement, which shall come into force as of the latest date of the signatures below. Execution of this Agreement confirms AP's receipt of the AP Resource Guide, which may be updated from time to time.

## GOLDEN LIVING CENTER

Signature: Beth Dokken

Name: BETH DOKKEN

Title: RN, DIRECTOR OF CLINICAL  
EDUCATION

Date: 7-5-12

## THE AMERICAN NATIONAL RED CROSS

Signature: Marcia Johnson

Name: MARCIA JOHNSON

Title: BUSINESS ACCOUNT EXECUTIVE

Date: 7-5-12

# American Red Cross

Authorized Provider Agreement v. 11/2011

**Linda McConnell RN BSN  
American Red Cross IT Instructor  
201 Franklin  
Rapid City, South Dakota 57701  
605-348-4392**

**Beth Dokken RN  
28879 Puckett St.  
Pierre, South Dakota 57501**

**Dear Beth,**

**This letter is to confirm that you completed the C N A Instructor Trainer class through the American Red Cross from 8/31/11 to 9/1/11 at the Golden Living Center Employment Office in Rapid City. You have done all that is necessary to be certified in the area of Certified Nursing Assistants classroom/clinical education. I was the instructor at the time Ms. Dokken successfully completed the required material.**

**Sincerely,**



**Linda McConnell RN BSN**

**APPENDIX B****Authorized Provider Instructors**

Instructors who will be teaching for your company/organizations should be listed below. Each instructor should have a profile in the American Red Cross Learning Center which includes contact information including email, address, phone and current instructor certifications.

Instructor Name	Learning Center Username	Email Address Phone Number	Current Instructor Certification
Beth Dokken, RN	beth.dokken@goldenliving.com	beth.dokken@goldenliving.com 605-224-8628	CNA Instructor Training Course Completion-9/1/11

# American Red Cross

Authorized Provider Agreement v. 11-2011